

Waiver Request Form

Board of Accountancy Washington State



P O Box 9131
Olympia, WA 98507-9131

(360) 664-9191
www.cpaboard.wa.gov

PERSONAL INFORMATION (Please print clearly)

Name: _____ Daytime Phone: _____
Address: _____ License Number: _____
_____ Reporting Period: _____

Reason for deficiency (check one and explain):

- ☐ Personal illness _____

☐ Illness of family member _____
☐ Military Service _____
☐ Other Reasonable Cause _____

Deficiency (number of hours): _____

Corrective action to fully cure the deficiency, please list:

Date	Sponsoring Organization	Title of Program	Hours

I certify under the penalty of perjury that the information on this form is true and correct and upon Board approval of my request, I will complete the courses as listed above. I understand this request requires Board approval and is not automatic.

Signed: _____ Dated: _____

Return to: Board of Accountancy, PO Box 9131, Olympia, WA 98507-9131